

**CITY OF RIVERSIDE
2009 RETIREE
HEALTH, VISION and DENTAL**

PROVIDER/COVERAGE CATEGORY	MONTHLY MEDICAL PREMIUM	MONTHLY VISION PREMIUM	TOTAL MONTHLY PREMIUM*
Kaiser Permanente PREFERRED RETIREE Under 65			
Single	\$410.03	\$6.64	\$424.59
2-Party	\$774.22	\$9.50	\$798.61
Family	\$1,034.97	\$17.00	\$1,071.96
Kaiser Permanente STANDARD RETIREE Under 65			
Single	\$358.69	\$6.64	\$372.27
2-Party	\$695.86	\$9.50	\$718.76
Family	\$887.08	\$17.00	\$921.26
Kaiser Permanente VALUE RETIREE Under 65			
Single	\$323.65	\$6.64	\$336.57
2-Party	\$627.88	\$9.50	\$649.49
Family	\$847.96	\$17.00	\$881.39
Kaiser Permanente PREFERRED 65+ RETIREE			
Subscriber (M)	\$181.98	\$6.64	\$192.20
Subscriber (M) + Spouse (M)	\$363.67	\$9.50	\$380.26
Subscriber (M) + Spouse (NM<65)	\$546.17	\$9.50	\$566.23
Subscriber (M) + Spouse (NM >65)	\$1,324.65	\$9.50	\$1,359.50
Subscriber (NM<65) + Spouse (M)	\$591.72	\$9.50	\$612.64
Subscriber (M) + Spouse (M) + Child (NM)	\$624.42	\$17.00	\$653.61
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$806.92	\$17.00	\$839.57
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$852.47	\$17.00	\$885.99
Subscriber (NM<65) + Spouse (NM+65)	\$1,552.70	\$9.50	\$1,591.88
Subscriber (NM +65)	\$1,142.96	\$6.64	\$1,171.44
Subscriber (NM+65) + Spouse (NM+65)	\$2,285.63	\$9.50	\$2,338.74
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,546.38	\$17.00	\$2,612.08
Subscriber (Part A Only +65)	\$829.95	\$6.64	\$852.49
Kaiser Permanente STANDARD 65+ RETIREE			
Subscriber (M)	\$181.98	\$6.64	\$192.20
Subscriber (M) + Spouse (M)	\$363.81	\$9.50	\$380.40
Subscriber (M) + Spouse (NM<65)	\$519.15	\$9.50	\$538.69
Subscriber (M) + Spouse (NM >65)	\$1,287.15	\$9.50	\$1,321.29
Subscriber (NM<65) + Spouse (M)	\$540.52	\$9.50	\$560.47
Subscriber (M) + Spouse (M) + Child (NM)	\$555.03	\$17.00	\$582.90
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$710.37	\$17.00	\$741.19
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$731.74	\$17.00	\$762.97
Subscriber (NM<65) + Spouse (NM+65)	\$1,463.86	\$9.50	\$1,501.35
Subscriber (NM +65)	\$1,105.32	\$6.64	\$1,133.09
Subscriber (NM+65) + Spouse (NM+65)	\$2,210.49	\$9.50	\$2,262.17
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,401.71	\$17.00	\$2,464.67
Subscriber (Part A Only +65)	\$792.31	\$6.64	\$814.13

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Kaiser Permanente VALUE 65+ RETIREE			
Subscriber (M)	\$163.36	\$6.64	\$173.23
Subscriber (M) + Spouse (M)	\$326.72	\$9.50	\$342.61
Subscriber (M) + Spouse (NM<65)	\$467.59	\$9.50	\$486.15
Subscriber (M) + Spouse (NM >65)	\$1,252.56	\$9.50	\$1,286.04
Subscriber (NM<65) + Spouse (M)	\$487.01	\$9.50	\$505.94
Subscriber (M) + Spouse (M) + Child (NM)	\$546.80	\$17.00	\$574.51
Subscriber (M) + Spouse (NM<65) + Child (NM)	\$687.67	\$17.00	\$718.06
Subscriber (NM<65) + Spouse (M) + Child (NM)	\$707.09	\$17.00	\$737.85
Subscriber (NM<65) + Spouse (NM+65)	\$1,412.85	\$9.50	\$1,449.37
Subscriber (NM+65)	\$1,089.20	\$6.64	\$1,116.66
Subscriber (NM+65) + Spouse (NM+65)	\$2,178.40	\$9.50	\$2,229.47
Subscriber (NM+65) + Spouse (NM+65) + Child (NM)	\$2,398.48	\$17.00	\$2,461.37
Subscriber (Part A Only +65)	\$776.19	\$6.64	\$797.70
Blue Cross HMO PREFERRED RETIREE Under 65			
Single	\$382.04	\$6.64	\$396.06
2-Party	\$773.28	\$9.50	\$797.65
Family	\$1,068.06	\$17.00	\$1,105.68
Blue Cross HMO STANDARD RETIREE Under 65			
Single	\$369.06	\$6.64	\$382.84
2-Party	\$747.02	\$9.50	\$770.89
Family	\$1,031.80	\$17.00	\$1,068.73
Blue Cross HMO VALUE (SELECT) RETIREE Under 65			
Single	\$330.66	\$6.64	\$343.71
2-Party	\$669.00	\$9.50	\$691.39
Family	\$923.64	\$17.00	\$958.51
BC PPO RETIREE und 65, Blue Card RETIREE Under 65			
Single	\$629.42	\$6.64	\$648.15
2-Party	\$1,258.84	\$9.50	\$1,292.44
Family	\$1,605.04	\$17.00	\$1,652.86
Blue Cross HMO PREFERRED RETIREE with Medicare A&B			
Single	\$414.00	\$6.64	\$428.63
2-Party	\$837.92	\$9.50	\$863.52
Family	\$1,157.28	\$17.00	\$1,196.59
Blue Cross HMO PREFERRED RETIREE without Medicare A&B			
Single	\$642.12	\$6.64	\$661.09
2-Party	\$1,299.52	\$9.50	\$1,333.89
Family	\$1,794.62	\$17.00	\$1,846.04
Blue Cross HMO STANDARD RETIREE with Medicare A&B			
Single	\$399.92	\$6.64	\$414.28
2-Party	\$809.48	\$9.50	\$834.54
Family	\$1,116.88	\$17.00	\$1,155.42

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Blue Cross HMO STANDARD RETIREE without Medicare A&B			
Single	\$607.16	\$6.64	\$625.46
2-Party	\$1,228.74	\$9.50	\$1,261.77
Family	\$1,696.88	\$17.00	\$1,746.44
Blue Cross HMO VALUE (SELECT) RETIREE with Medicare A&B			
Single	\$354.78	\$6.64	\$368.29
2-Party	\$717.78	\$9.50	\$741.10
Family	\$991.02	\$17.00	\$1,027.17
Blue Cross HMO VALUE (SELECT) RETIREE without Medicare A&B			
Single	\$575.26	\$6.64	\$592.96
2-Party	\$1,163.90	\$9.50	\$1,195.69
Family	\$1,606.98	\$17.00	\$1,654.84
BC PPO RETIREE w/Med A&B or Blue Card Out-of-State w/Med A&B			
Single	\$777.04	\$6.64	\$798.57
2-Party	\$1,554.08	\$9.50	\$1,593.29
Family	\$1,981.44	\$17.00	\$2,036.41
BC PPO RET w/out Med A&B or BlueCard Out-of-State w/out Med A&B			
Single	\$1,021.80	\$6.64	\$1,047.98
2-Party	\$2,043.62	\$9.50	\$2,092.13
Family	\$2,605.64	\$17.00	\$2,672.47
Delta Dental DPO RETIREE			
Single	\$57.52	N/A	\$58.61
2-Party	\$104.40	N/A	\$106.38
Family	\$147.00	N/A	\$149.79
Delta Care Dental PMI/DHMO RETIREE			
Single	\$18.58	N/A	\$18.93
2-Party	\$28.18	N/A	\$28.72
Family	\$41.92	N/A	\$42.72
Local Advantage Dental Plan RETIREE			
Single	\$57.52	N/A	\$58.61
2-Party	\$104.40	N/A	\$106.38
Family	\$147.00	N/A	\$149.79

RATES ARE SUBJECT TO CHANGE.